Louisiana Early Hearing Detection and Intervention Program

Audiology Follow-up Services Report (FSR)

Louisiana Department of Health and Hospitals | Office of Public Health
Early Hearing Detection and Intervention (**EHDI**) Program
www.**ehdi.dhh.la.gov**

Fax within **7 days of appointment** to:
FAX# (504) 568-5854

Child's Last Name (on birth certificate)	Child's First Name (on birth certificate)	Middle Name	Suffix	DOB
Mother's Last Name	Mother's First Name	Mother's Maiden Name	Phone #	Alternate Phone #
Address	City	State	Zip	Alternate Phone #	Email
Birth Hospital/Facility	Primary Care Physician (PCP) Name	PCP City		
Audiology Facility Name	Audiologist Name	Facility Phone	Facility Fax	

Are there any RISK FACTORS for progressive or late onset hearing loss? *Check all that apply*

☐ **No Risk Factors Identified**

☐ Family History of Permanent Childhood Hearing Loss
☐ Defects of Head/Ears/Neck
☐ Ototoxic Meds >5 days or Combined with Loop Diuretics (ex. Lasix)
☐ Neonatal Intensive Care **Over 5 Days**
☐ Extracorporeal Membrane Oxygenation (ECMO)
☐ Persistent Pulmonary Hypertension of the Newborn (PPHN)
☐ Head Trauma
☐ Neurodegenerative Disorders
☐ In-utero/Congenital Infections (CMV, rubella, etc)
☐ Exchange Transfusion Due to Elevated Bilirubin
☐ Findings/Syndromes Associated with Hearing Loss
Specify Findings :_____
☐ Chemotherapy
☐ Postnatal Infections (ex., bacterial meningitis)
☐ Prolonged Mechanical Ventilation
☐ Recurrent or Persistent Otitis Media with Effusion for at Least 3 Months

DATE OF TODAY'S EXAM: _____ **REASON?:** *Required to **check one***

○ **INITIAL** Hearing Test ○ Follow-up from **FAILED** Newborn Hospital Screening ○ Monitoring for "AT RISK"
○ Referral from Physician ○ Ongoing Monitoring of Confirmed Hearing Loss ○ Other (specify):_____

Screening Results Outpatient

☐ **OAE**	**Left**:	○ Passed	○ Did not Pass	○ Could not Test	**Right**:	○ Passed	○ Did not Pass	○ Could not Test
☐ **ABR**	**Left**:	○ Passed	○ Did not Pass	○ Could not Test	**Right**:	○ Passed	○ Did not Pass	○ Could not Test

Diagnostic Results - Outpatient

☐ **OAE**	**Left:**	○ Passed	○ Did not Pass	○ Could not Test	**Right**	○ Passed	○ Did not Pass	○ Could not Test
☐ **ABR**	**Left:**	○ Passed	○ Did not Pass	○ Could not Test	**Right**	○ Passed	○ Did not Pass	○ Could not Test
☐ **Behavioral**	**Soundfield:**	○ Abnormal	○ Within Normal Limits					
☐ **Tympanometry**	**Left:**	○ Passed	○ Did not Pass	○ Could not Test	**Right:**	○ Passed	○ Did not Pass	○ Could not Test
☐ **Other** _____	**Left:**	○ Passed	○ Did not Pass	○ Could not Test	**Right:**	○ Passed	○ Did not Pass	○ Could not Test

Today's Results Reported to PCP: *Required to **check one*** ○ Yes ○ No

Is further testing needed to confirm hearing status? *Required to **check one*** ○ Yes ○ No

If child has a confirmed or suspected hearing loss, indicate severity & type: *Required if Diagnostic ABR is Did Not Pass*

Left Severity	Left Type	Right Severity	Right Type
○ Mild (21-40 dB)	○ SNHL	○ Mild (21-40 dB)	○ SNHL
○ Moderate (41-70 dB)	○ Permanent Conductive	○ Moderate (41-70 dB)	○ Permanent Conductive
○ Severe (71- 90 dB)	○ Transient Conductive	○ Severe (71- 90 dB)	○ Transient Conductive
○ Profound (>90 dB)	○ Mixed	○ Profound (>90 dB)	○ Mixed
○ Undetermined	○ Auditory Neuropathy	○ Undetermined	○ Auditory Neuropathy
	○ Undetermined		○ Undetermined

Hearing loss is identified and permanent: *Required to **check one*** ○ No ○ Yes *If YES, required to **complete Hearing Aid** section*

Has child been fitted with hearing aid? ☐ Yes LEFT/Date _____ ☐ Yes RIGHT/Date _____
☐ Fitting in Progress ☐ Parent Refusal ☐ Funding Unavailable ☐ Not Recommended ☐ Other _____

Referrals: *Required to check at least one*

☐ No Referrals Made
☐ Primary Care Physician for Medical Follow-up
☐ ENT/OTO: Facility _____ City _____
☐ Audiological Evaluation:
Facility _____ Date_____
☐ Family-to-Family Support _____
☐ Hearing Aid Evaluation
Facility Name:_____
☐ Genetics: Facility Name_____
☐ Ophthalmology: Facility Name _____
☐ Early Intervention: ☐ Early Steps ☐ Other _____
☐ Other Referrals: List_____

Comments: